

POFT #

S&H Form: PTO/SB/30 (12/04)

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

(INCLUDING FILING FEE AND/OR PETITION FOR EXTENSION OF TIME FEE)

Subsection (b) of 35 U.S.C. §132, effective May 29, 2000 provides for continued examination of a utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA)

To: Commissioner for Patents Box RCE PO Box 1450 Alexandria, VA 22313-1450		Attorney Docket	No.:1095.1149						
First Named Inventor	Isamu OOISHI								
Application No.	09/756,226	Group Art Unit	2176						
Filing Date	January 9, 2001	Examiner	Quoc A. TRAN						
CPA Filing Date		6990							
Title of Invention	SYSTEM AND PROGRAM FOR PROCESSING SPECIAL CHARACTERS USED IN DYMANIC DOCUMENTS								
This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.									
1. Submission required under 37 C.F.R. §1.114 (Box a or b must be completed)									
a. ☐ Previously submitted i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered). ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. ☐ Other b. ☒ Enclosed i. ☒ Amendment/Reply ii. ☐ Affidavit(s)/Declaration(s) iii. ☐ Information Disclosure Statement (IDS) iV. ☐ Other 2.									
Miscellaneous									
a. Suspension of action on the above-identified application is requested under 37 C.F.R. § 103(c) for a gap in the state of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required).									
b. Other	s. (renou oi suspension shaii not e	01 FC:1801 02 FC:1251	790.00 UP						

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·.		BASIC FEE					\$	\$ 790.00	
petition is here filed, for which	ial Action set an geby made for an e the requisite fee nths (\$1,020)); (4	xtensions is enc	on of time to losed (1 mo	cover the	ne date this 0)); (2 mon	RCE is		120.00	
Claims As Amended	Claims Remaining After Amendment	Highest Number Previously Paid For		Number Extra	Rate				
Total Claims	15	20	- 20 =	0	X \$50.00) =		\$ 0.00	
Independent Claims	5	5	- 3 =	0	X \$ 200.0	00 =		\$ 0.00	
Suspension Fe	ee (\$130.00)						Д		
Total	\$	910.00							
Reduction by 50% fo	-								
TOTAL FEES DUE =								910.00	
A che	OF PAYMENT	of \$ <u>\$</u>			·····				
			to Deposit A	Account	No. 19-393	5. (A duplica	ate cop	y of this form is enclosed.)	
The Com 37 C.F.R. pursuant		horized to during the aintain pe	e prosecution of endency hereof a	this application	ation and of any	related appli		7 C.F.R. 1.16 (filing fees) or s) claiming benefit hereof	
8. CORRESI	PONDENCE AL	DDRE	SS						
			2	HALSE					
9. SIGNATU	RE OF ATTOR	NEY (R AGENT	REQU	IRED				
NAME	Deidre M. Da	vis			REGISTR	ATION NO). 52	.,797	
SIGNATURE		$\langle \hat{l}$	Jan		DATE	12/	27	/05-	
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